



NC Department of Health and Human
Services

NC Comprehensive Suicide Prevention Advisory Council (CSPAC) Meeting

February 3, 2021

Welcome to the Kick-off Meeting for the Comprehensive Suicide Prevention Advisory Council (CSPAC)

- We will start promptly at 10:00AM!
- For questions during the meeting:
 - Please put your questions in the chat box, which will be monitored for the duration of the meeting. **Note:** you need to send to all panelists and attendees to ensure your question is addressed in a timely manner.
 - If you would like to ask a question to a specific presenter, please be sure to include their name in your question.
- The meeting recording, agenda and PowerPoint slides will be sent out within 7 business days of this meeting.

Overview: Comprehensive Suicide Prevention Program

NC Comprehensive Suicide Prevention Team



Sara Smith – Health Communication



Alison Gunn – Evaluation



Anne L. Geissinger – Program Manager



Shana Geary – Epidemiologist



Jane Miller – Suicide Prevention Expert

Overview: Comprehensive Suicide Prevention (CSP) Program

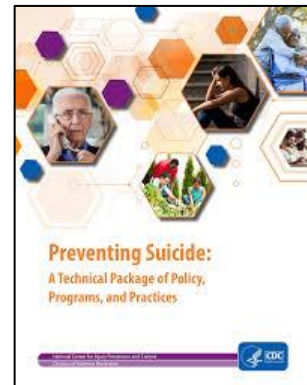
NC is among 9 awarded a new 5-year cooperative agreement (84 applicants)

Planning

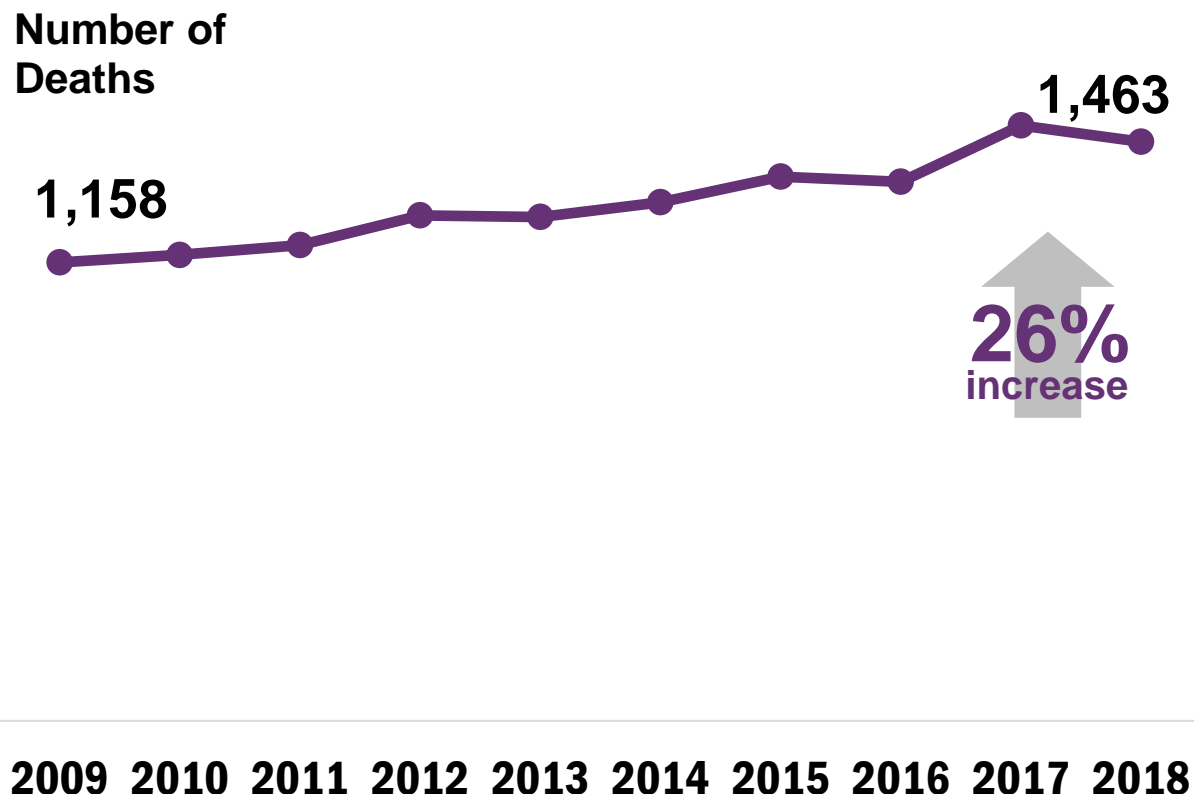
- Create an **action plan** for a public health approach to suicide prevention.
- Devise a multi-sectorial partnership plan to bring partners to the table which will:
 - Establish a coordinated multi-sectoral group, Comprehensive Suicide Prevention Advisory Council (CSPAC) “**Similar to OPDAAC**”.
- **Use data** to understand the circumstances of suicide. “**Suicide Data Dashboard**”
- Create a statewide **inventory** of suicide prevention programs.
- Implement **evidence-based strategies** for suicide prevention.

Implementation and Evaluation

- Implementation and evaluation of the state suicide prevention strategic plan.
- **Communication and dissemination plan** for stakeholders.



The number of suicides among NC residents has increased by 26% in the last 10 years



Focus CSP efforts on:

Males

Veterans

Rural Populations

Youth

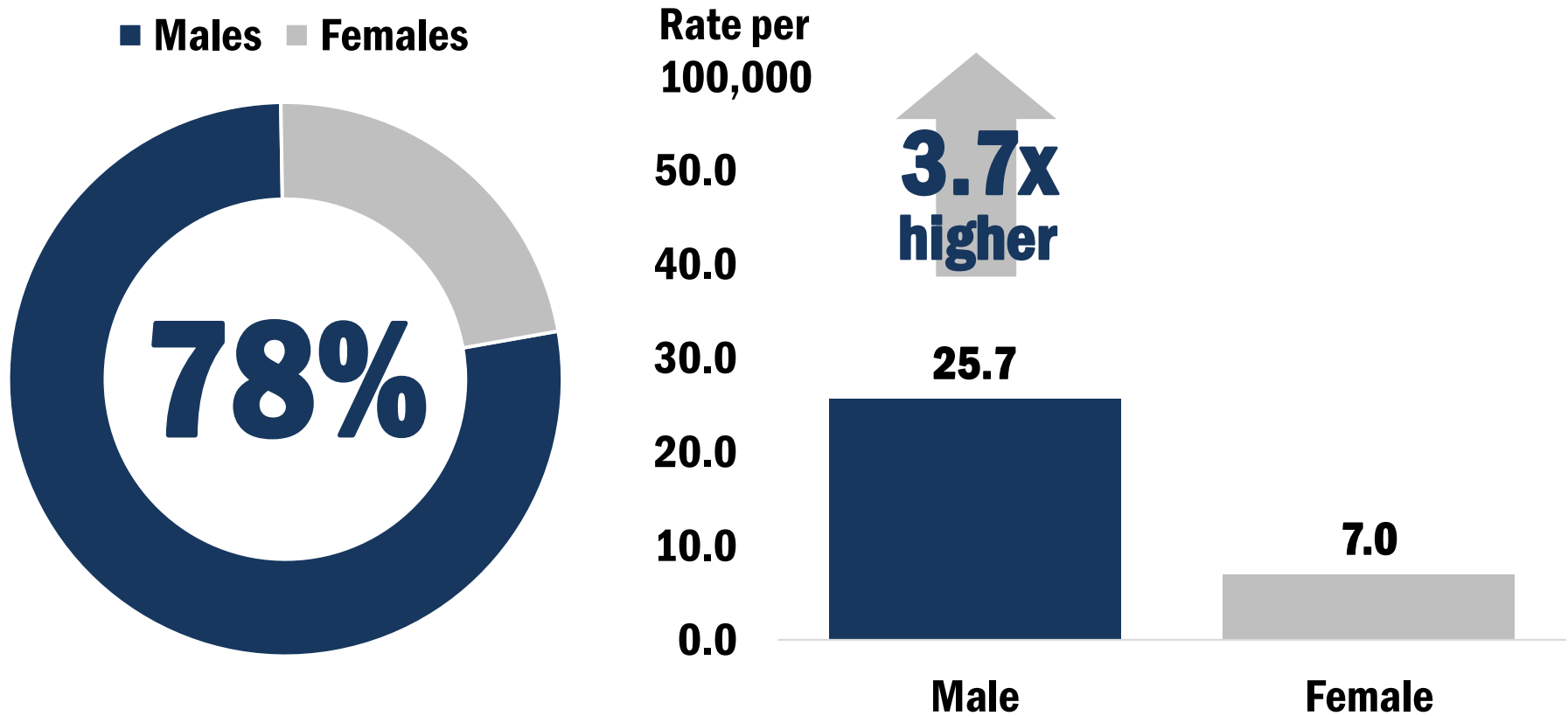
LGBTQ+

Source: North Carolina Violent Death Reporting System (NC-VDRS), 2009-2018

Note: Limited to NC Residents

Most suicide deaths in NC are among males

Of the 1,463 suicides in 2018, 1,134 were males.

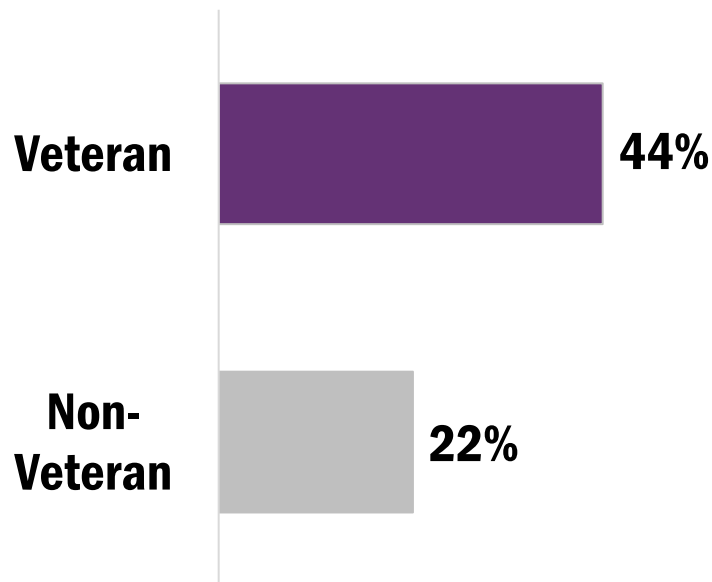


Source: North Carolina Violent Death Reporting System (NC-VDRS), 2018
Note: Limited to NC Residents

Although there are fewer veteran suicides, the burden of suicide is higher among veterans

Of the 1,411 adult suicides in 2018, 262 (19%) were veterans.

Percent increase from 2009-2018



Rate per 100,000

50.0
40.0
30.0
20.0
10.0
0.0

**2.5x
higher**

39.3

15.5

Veteran

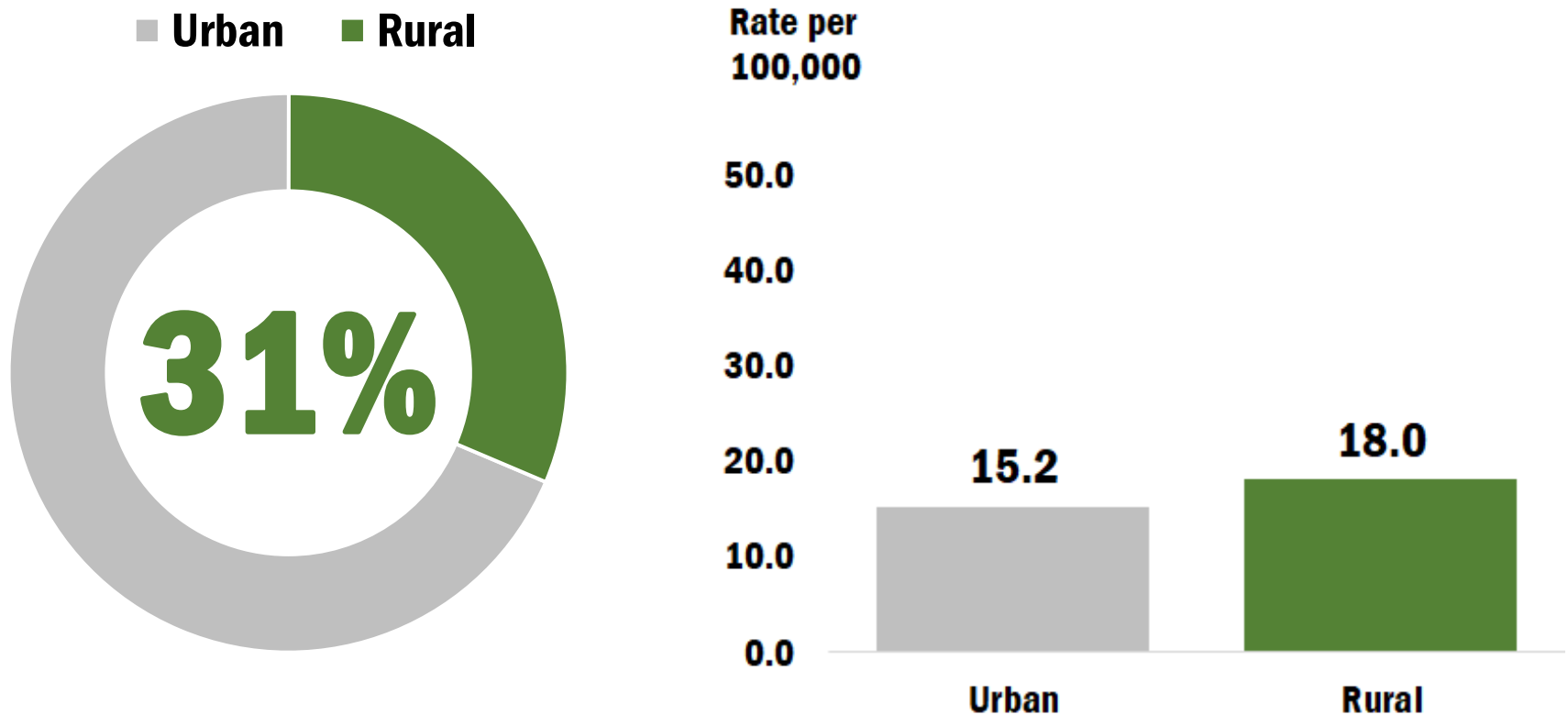
Non-Veteran

Source: North Carolina Violent Death Reporting System (NC-VDRS), 2018

Note: Limited to NC Residents ages 18 and older; veteran status was known for 99% of suicides

Similarly, the burden of suicide is higher in rural counties

Of the 1,463 suicides in 2018, 459 were in counties considered to be mostly or completely rural.



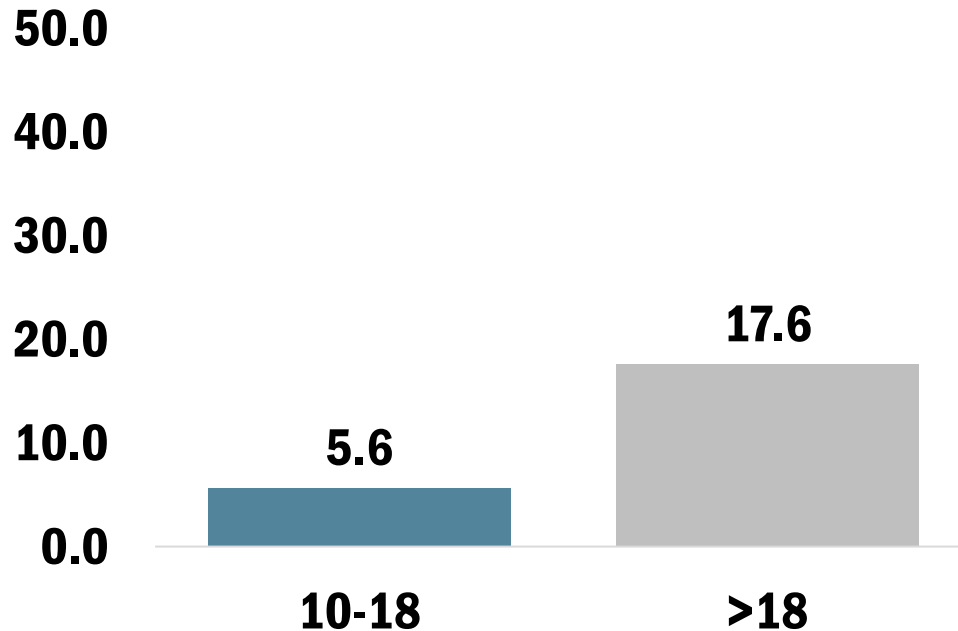
Source: North Carolina Violent Death Reporting System (NC-VDRS), 2018

Note: Limited to NC Residents; US Census definition of mostly or completely rural vs complete urban used to determine rurality

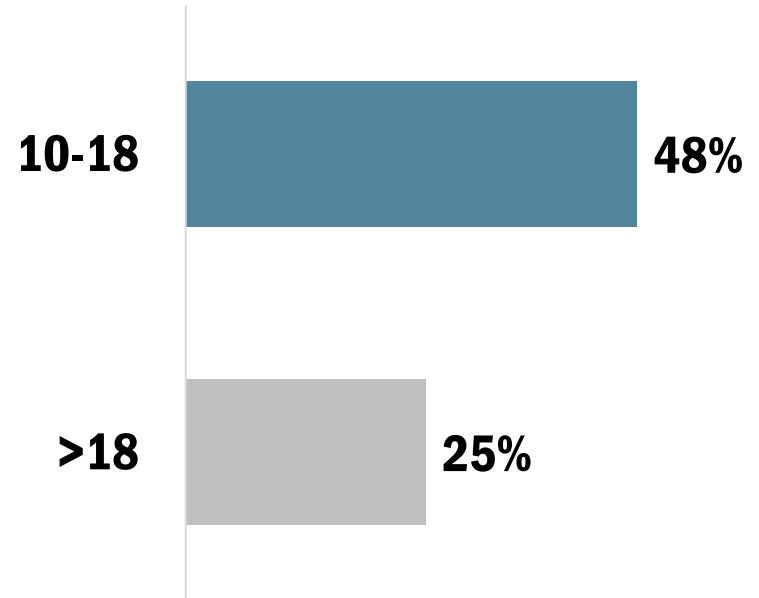
Among youth, suicides are increasing

Of the 1,463 suicides in 2018, 68 (5%) were among school-aged youth (10-18).

Rate per
100,000



Percent increase from 2009-2018

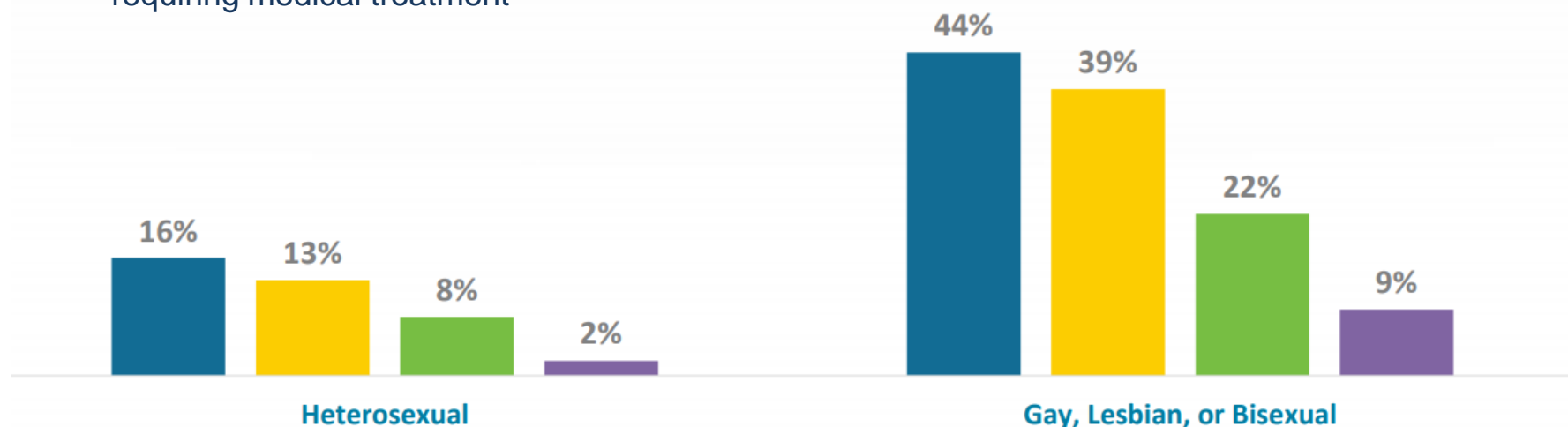


Source: North Carolina Violent Death Reporting System (NC-VDRS), 2018

Note: Limited to NC Residents ages 10-18

Suicidal behavior* is more prevalent among youth identifying as gay, lesbian, or bisexual

- Seriously considered attempting suicide
- Made a plan to attempt suicide
- Attempted suicide
- Made a suicide attempt that resulted in injury requiring medical treatment



* Responses related to attempting suicide in the previous 12 months

Source: North Carolina High School Youth Risk Behavior Survey, 2019; Spell, L. & Essex, E. (2020, Sept 23). *Whole School, Whole Community, Whole Child: Data Drives the Work* [PowerPoint Presentation to the CFTF Intentional Death Committee]

Comprehensive Suicide Prevention Target Strategies

Safe Firearms Storage

Expand a curriculum designed to guide local communities to create Gun Safety Teams.

Injury Free NC Academy for Suicide Prevention

Provide training to community groups on developing and implementing targeted suicide prevention strategies.

Disperse Counseling on Access to Lethal Means (CALM) Training Statewide

Train trainers for CALM.

Provide CALM training to communities.

Expand Access to Gatekeeper Training

Provide training to communities to recognize the signs and symptoms of suicide and act to prevent a suicide.

Collaborate with NC Department of Public Instruction on a suicide prevention module for schools (to meet requirements of Senate Bill 476).

Promote use of the National Action Alliance for Suicide Prevention document designed to screen for suicide during telemental health visits.

Communication and Dissemination Plan

- Purpose
- Components
- Metrics and Outcomes for Evaluation

Comprehensive Suicide Prevention Communication and Dissemination Plan					
Type of Communication Materials	Stakeholders, partners and segments of the public served	Objective	Tactic or channels	Frequency	Desired Outcome
Newsletters	Individuals on listservs, community level organizations (LHDs, CBOs), and policy level stakeholders	Share the latest work and opportunities occurring in suicide prevention in NC	Email through Constant Contact software	Quarterly	Increase awareness of suicide prevention program activities occurring in NC
Suicide Prevention website	Individuals on listservs, community level organizations (LHDs, CBOs), and policy level stakeholders	Repository for suicide prevention materials for easy access	Email link to partners and share an update in quarterly newsletters	Website launch, update as needed	Increase accessibility of suicide prevention materials and information
Toolkits	Community level organizations (LHDs, CBOs), Gate keepers, mental healthcare providers, treatment organizations	Provide local health department and community partners a guide on how to implement interventions in their community	Email through Constant Contact software; link on Suicide Prevention website; highlight at quarterly meetings	Once complete and as needed thereafter	Increase access and guide local health department and community partners on developing innovative programs
Injury-Free NC Academy curriculum & materials	Local health department grantees	Disseminate relevant information, evidence-based strategies, and best practices to grantees	In-person Academy sessions	Annually	Increase access and guide local health department and community partners on developing innovative programs

Firearm Injury Surveillance Through Emergency Rooms (FASTER)

Katie Wolff

NC-FASTER: *Firearm Injury Surveillance Through Emergency Rooms*

- NC is one of 10 state health departments selected to receive the first federal funding dedicated to firearm injury in more than 20 years
- FASTER goal is to increase availability and use of data on firearm injuries from NC's emergency department surveillance system (NC DETECT) by stakeholders
 - NC DETECT: 126 NC EDs, updated 3x daily, includes demographic, geographic, and visit data
- 3-year practice improvement project
 - Improve data dissemination (focus on timely and geographically-specific data)
 - Form stakeholder group (local, state, national, academic, community, government, advocacy, special interest, etc.)
 - Stakeholders will provide feedback on data dissemination efforts and help collect success stories, lessons learned, and best practices
 - Evaluate methodology used to identify firearm injuries

University of North Carolina Injury Prevention Research Center (UNC IPRC)

Steve Marshall

University of North Carolina Injury Prevention Research Center

- Steve Marshall, Director
- Beth Moracco, Associate Director
- Leah Taraskiewicz, Associate Director of Partnerships & Capacity Building

New Research Project: INSPIRE

Innovation in Suicide Prevention Research

- **Co-PIs:** Brian Pence & Shabbar Ranapurwala (Epidemiology)
- NIH/NIMH 09/2020 – 06/2024

Operational Objectives:

- Link NC-VDRS suicide data to other state databases
- Use predictive analytics to identify short-term and long-term predictors of suicide

Goal: Develop predictive profile of suicide in four distinct populations

- NC residents served by large healthcare system (UNC Healthcare)
- NC residents with private medical insurance (BCBSNC)
- NC Medicaid population
- NC residents released from NC correctional facilities

UNC IPRC's Support Role on CSP Project

- Assess existing suicide prevention activities in NC to identify gaps and potential areas for new or revised activities
- Plan and convene Comprehensive Suicide Prevention Advisory Council meetings
- Plan, implement, and evaluate new Injury-Free NC Academy focused on Suicide Prevention
- Coordinate on-going communication with external stakeholders and partners



**INJURY PREVENTION
RESEARCH CENTER**

Turning great
science into effective
injury and violence
prevention.
It's what we do.



Veterans Administration's (VA) Public Health Approach to Suicide Prevention

Gary Cunha

VA's Public Health Approach to Suicide Prevention

REACH

<https://www.reach.gov/resources/veterans/>

REACH is about preventing suicide. It is for and about everyone because we all have risk and protective factors that we need to recognize and understand.

REACH is about changing the culture surrounding mental health in general and suicide specifically, encouraging Veterans – and all Americans – to be open to talking about and addressing these human challenges. We know that our Veterans are willing and able to lead the way for this change. By empowering Veterans with the resources and support they deserve, we can accomplish our collective goal to end the national tragedy of suicide.

Overview of Counseling on Access to Lethal Means (CALM): Appalachian State University

JP Jameson and Kurt Michael



Much of the focus in suicide prevention is on why a person attempts suicide.

We seek to relieve the mental distress that leads to a suicide attempt.



*But how a person attempts plays a crucial role
in whether they live or die.
CALM covers “how to address the how” through
lethal means counseling*

CALM Content

- How suicide affects your community
 - Customized presentations featuring local data
- How can CALM help prevent suicide?
 - Evidence base for means reduction & means safety strategies
- How do you talk about firearms and other suicide methods?
 - Conversation, not confiscation
 - Incorporating principles of Motivational Interviewing
- Strategies for increasing safety
 - Countering all-or-none thinking
- Video demonstrations
- Case studies/role plays



North Carolina Department of Public Instruction

Ellen Essick & Susanne Schmal

WHOLE SCHOOL, **WHOLE COMMUNITY**, WHOLE CHILD

Healthy Children
Learn Better

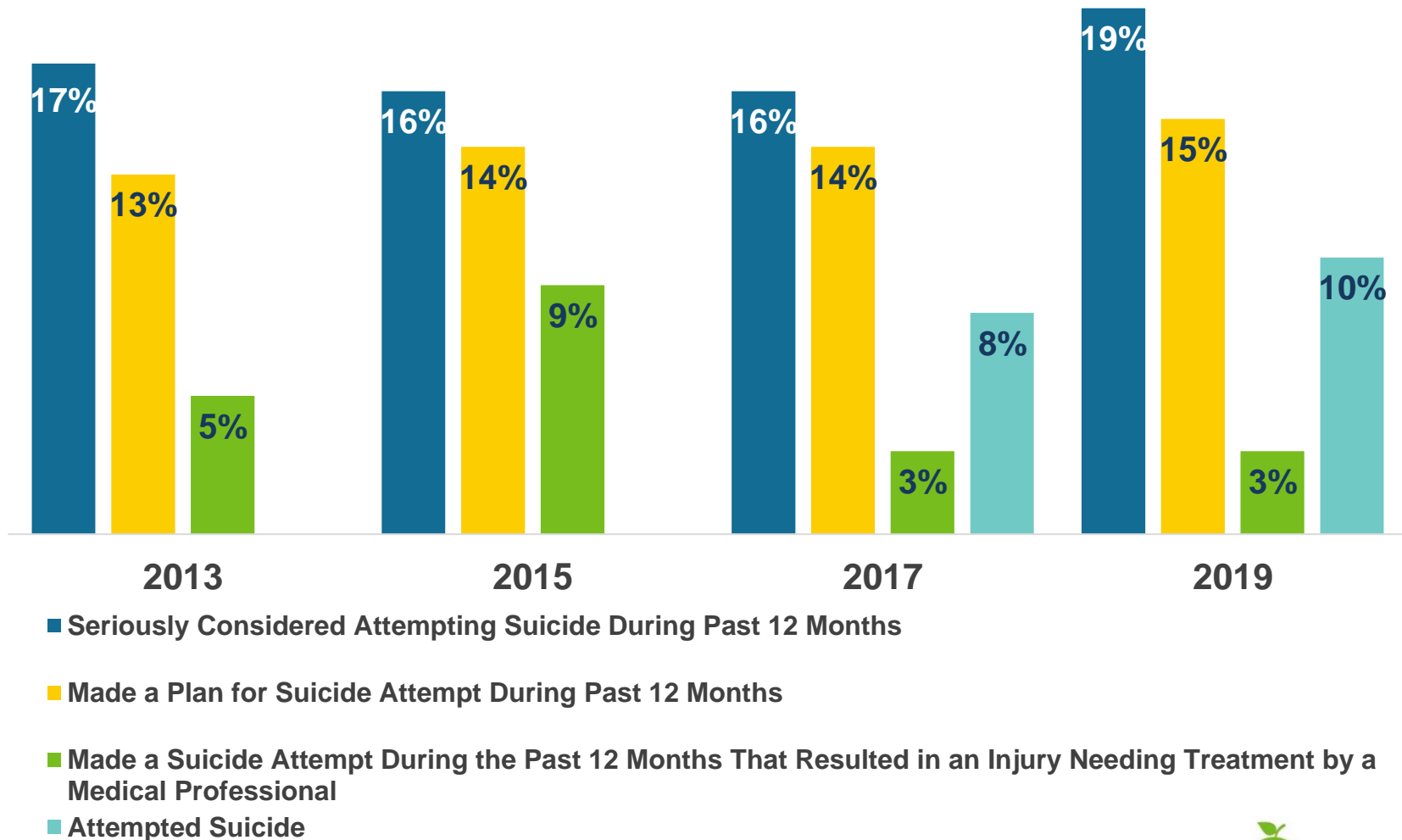


Whole Child and Equity



Suicidal Behaviors

2013-2019 NC High School Students



Source: NC High School Youth Risk Behavior Survey

Seriously Considered Suicide

2009-2019 NC High School Students



	2009	2011	2013	2015	2017	2019
■ Black	12.0%	12.9%	13.7%	13.9%	16.1%	15.6%
■ White	13.0%	14.4%	16.7%	15.9%	15.4%	20.0%

■ Black

■ White

Specialized Instructional Support Ratios

- | | | | |
|-------------------------|---------|-------------|--------------------------|
| • School Counselors | 1:353 | Recommended | 1:250 |
| • School Nurses | 1:1,007 | Recommended | 1:750 or
1 per school |
| • School Social Workers | 1:1,289 | Recommended | 1:250 |
| • School Psychologists | 1:1,798 | Recommended | 1:550 |



NCDPI and Suicide Prevention (At a Brief Glance....)

- NC School Mental Health Initiative
- NC Child Fatality Task Force
- NC Social and Emotional Learning
- Policy and Professional Development, e.g.,
 - Senate Bill 476
 - “How to Be an Ally”
 - Youth Mental Health First Aid

Suicide Prevention Overview

Susan Robinson

DHHS Suicide Prevention Plan Implementation

Leaders and partners – national, state, regional, and community

- Building Resilience – wellness and recovery, open forums
- Preventing and mitigating cumulative risk
- Trauma informed, culturally sensitive and responsive
- Disaster behavioral health recovery & preparedness
- Crisis services continuum of care (NCIOM, 2012)
 - Whole person – shared risk and protective factors
 - No wrong door – accessible, reduce disparities
 - Comprehensive – prevention, early intervention, response, stabilization
 - National Suicide Prevention Lifeline NC Call Center (since 2012)
- Medicaid Transformation (DHHS, 2021)
 - Integrated health and behavioral health care
 - Strengthening role of adult, family, and youth peer support



DHHS Suicide Prevention Plan Implementation

- **State Operated Facilities** – procedures, policies, practices implemented
- **Local Management Entity/Managed Care Organization (LME/MCO)** – Access/Crisis 24/7/365, incident reporting, provider networks –uninsured/under insured/Medicaid eligible; service innovation and alliances; outreach & education
- **NC Governor’s Working Group (DHHS/UNC 2006, NCIOM, 2009)** – reduced Veterans’ suicide deaths, one of the lowest rates among the southeast; effective strategies; policies, addressing ACEs & trauma; building resilience & protective factors; NC Serves, safety planning SAVE; Psych Armor, “Ask the Question”
- **School Mental Health Initiative** (2007) – SMH Shared Agenda, School Health, DPH GLS, Child and Family Support Teams (2007), NC Child Treatment Program (2007), S476 (2020) School MH Policy implementation, Project Advancing Wellness and Resiliency in Education (AWARE), Whole Child, Specialized Instructional Support Teams, Center for School Safety
- **NC Child Fatality Task Force** (DHHS, 1991) – reviews, policies, system practices
- **Hope4NC** (2018) – Behavioral health disaster recovery crisis counseling, social isolation, disparate & marginalized populations; Trauma Informed & Resilient Communities
- **9-8-8 Lifeline Implementation Plan with the NSPL NC Call Center** – 2/1/21 – 9/30/21

Crisis Services Continuum

... building a crisis services continuum to match a continuum of crisis intervention needs
NSPL 1-800-273-8255, #1 for Vets



Suicide Prevention Partners in NC



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Mental Health,
Developmental Disabilities
and Substance Abuse Services



U.S. Department
of Veterans Affairs



NORTH CAROLINA
NATIONAL GUARD



DEPARTMENT OF MILITARY
AND VETERANS AFFAIRS



MENTAL
HEALTH
FIRST AID®



SPRC • Suicide Prevention Resource Center

Promoting a public health approach to suicide prevention



TCSP



NORTH CAROLINA
Department of Commerce



North Carolina Department of
PUBLIC INSTRUCTION



GOVERNOR'S
INSTITUTE



The Public-Private Partnership Advancing the National Strategy for Suicide Prevention



Contact Information

Victor Armstrong: victor.armstrong@dhhs.nc.gov

Susan E. Robinson: susan.robinson@dhhs.nc.gov

Phone: 919-452-7509

<https://www.ncdhhs.gov/divisions/mhddsas>



American Foundation of Suicide Prevention – NC Chapter

Catherine English

A large, light gray life preserver is centered in the background of the slide. It has a white circular center and four gray flaps.

Our Mission

Save Lives and Bring Hope to Those Affected by Suicide

We are a voluntary health organization that gives those affected by suicide a nationwide community empowered by research, education and advocacy to take action against this leading cause of death.

AFSP – Program Priorities

- Advocacy & Public Policy
- Interactive Screening Program
- Loss & Healing
- Out of the Darkness Walks
- Prevention Education
- Research
- Partnership Programs & Resources
- Project 2025



A nationwide initiative to reduce the annual U.S. suicide rate 20 percent by 2025.

The Four Critical Areas



Firearms



Healthcare
Systems



Emergency
Departments



Corrections
Systems

Wrap up and THANK YOU!

Alan Dellapenna, Branch Head, Injury and Violence Prevention Branch, Division of Public Health

Glorina Stallworth, Prevention Unit Manager, Injury and Violence Prevention Branch, Division of Public Health

For questions, please contact Glorina Stallworth at glorina.Stallworth@dhhs.nc.gov

Next Meeting: TBD – Stay tuned!